

Mr Rolland

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MEMORANDUM ON THE FINANCING OF MISSION HOSPITALS,  
SUBMITTED TO THE PROVINCIAL FINANCIAL RESOURCES COMMITTEE BY DR.  
NEIL MACVICAR, ON BEHALF OF THE MEDICAL WORK COMMITTEE OF THE  
CHRISTIAN COUNCIL OF SOUTH AFRICA, JULY, 1941.

1. It is submitted that the Native people have a claim in equity to a fair share of the services of the country. The Bantu are an integral part of the economic life of South Africa. They not only pay an unduly high proportion (having regard to their economic position) of direct and indirect taxation, but they also contribute to the national income through the services they render in the mining, agricultural and other industries, in trade and commerce, and in domestic service. Moreover, by the excessively low level of their wages, they contribute more than their share to the national economy. It is therefore the duty of the State to provide them with the social services required by a population situated as they are, many being in great poverty, and it being entirely unreasonable to expect them to finance these services out of their own very limited resources.
2. In the larger urban areas, municipal nursing and other social services are more or less available and hospitals are within reach, although these are not always adequate. In rural areas, on the other hand, the needs of the Bantu are great, are indeed immense, in respect both of hospitals and preventive work. There are three million Bantu in the reserves, and other two millions on European-owned farms.
3. Missionary churches and societies have been the first to realise how much loss of life and preventable suffering there is among the rural Bantu. There has been almost a rush to give help. While at the beginning of this century there were only two mission hospitals, today there are more than thirty, besides a still larger number of small establishments carried on by missionary nurses, often with the help of local practitioners. With the exception of two or three in cities, these hospitals are located amid large rural populations. They are of necessity run with the greatest economy. In no other hospitals are the costs of efficient service so low.
4. A memorandum submitted by us last year, and supported by a deputation to the Hon. the Ministers for Native Affairs and Health showed that - apart from the Lovedale Hospital - those mission hospitals from which returns were received by us in 1939 obtained 60 per cent of their total revenue from the Natives themselves, 21 per cent from mission sources, largely from overseas, 10 per cent from the Provincial Councils and 9 per cent from the Public Health Department. \*

- The above figures -

\* The 60 percent from the Natives is made up as follows :-

From fees paid directly to the hospitals	£26,123 :0 :0
From the general and local taxes, (through the Native Affairs Department)	10,006 :0 :0
From the Natives' 10/- local tax (through the United Transkeian Territories General Council)	1,726 :0 :0
From mine labourers' wages (through the Deferred Pay-Interest Board)	1,120 :0 :0
From location rents and profits of beer halls (through the Johannesburg Municipality)	720 :0 :0
TOTAL	£ 39,725 :0 :0

The total income of these mission hospitals was £66,463:0 :0



The above figures represent the position at the time the war broke out. Since then most Continental mission hospitals have been cut off from their home bases. They have been rescued from their difficult position by assistance most sympathetically given by the Native Affairs Department. Other hospitals also have been assisted from the same source. These contributions have meant that the loss in the 21 per cent mission support has been largely made up by an addition to the 60 per cent paid by the Bantu. Two hospitals, however, have reported receiving enlarged grants from a Provincial Council (Transvaal), and it may be that there are others that have not yet come to our knowledge.

6. We submit that, while as a temporary measure the above-mentioned support from the Native Affairs Department has been most welcome and most opportune, as a permanent arrangement it would be altogether unfair to the Bantu people. They deserve better of South Africa than to be obliged to meet so great a proportion of the cost of their hospitals. Their contributions to the progress and well-being of the State and to the comfort and prosperity of the White taxpayers justify expenditure on their behalf, both from the Consolidated Revenue Fund and from Provincial taxation.
7. The mission hospitals are performing with remarkable success, considering their small resources, a service which it is the duty of the State to perform. A State Medical Service is under discussion, but clearly cannot become a practical reality in present circumstances. When such a service does come to be realised, the mission hospitals, from the key positions which they occupy and by reason of their accumulated experience, will be able to make a vital contribution.
8. We submit that at the present time the State can relieve and prevent much sickness among the Bantu by supporting existing mission hospitals on a scale reasonably proportionate to the work they are doing, that is to say, on a scale totally different from the present.
9. Reference has been made to the Lovedale Hospital. For nearly two generations this mission hospital has served a rural Bantu population of about 90,000. It was the first mission hospital to be established in South Africa. In addition to its service to the local population, the Lovedale hospital originated and developed to its present full professional status the training of Bantu hospital nurses. With its unique opportunities, this hospital was able year by year to issue reports upon the health conditions and the prevalence of various diseases among the rural Bantu. Facts of the greatest importance were brought to light that until then were not known. These were services to the whole country. The hospital meantime developed from its original 12 beds to the present 175 beds. These facts are mentioned here in order to point out that services of such a kind and development upon such a scale were made possible by the support the hospital received, first from the old Cape Colony Government, and latterly - on the usual £ for £ principle - from the Cape Provincial Government. Other mission hospitals are today giving similar services to the country, but are hampered and crippled by the meagre support they are receiving. They could do much more if they had the kind of support the Lovedale Hospital has all along enjoyed. There has been no reason to think that the Cape Provincial Council has at any time grudged or regretted the support it has given the Lovedale Hospital, and the Public Health Department has shown its



confidence in the management by placing under their control a large new tuberculosis hospital and by committing to them - in co-operation with the McCord Mission Hospital, Durban - the training of the Department's Medical Aid students.

10. From these experiences and from our knowledge of the work being done by mission hospitals throughout the country, and speaking on behalf of the Christian Council of South Africa, which we represent, we say with confidence that if the Treasury and the Provincial Governments will initiate a policy of judicious, but not grudging, support of the mission hospitals, not only the local populations but also the country as a whole will benefit.
11. The principle that mission hospitals should be financed on the patient-day basis was recommended by the Public Hospitals Advisory Council of the Transvaal in 1937, and accepted by the Transvaal Provincial Executive, but has never been carried out. The grant was to be fixed at 2/6d. per patient per day. The missions at that time estimated the average cost per in-patient per day at 3/6d. in country hospitals. Today costs are higher. We urge the adoption of this principle generally, with the proviso that any hospital which is at present receiving grants on the £ for £ basis should not be placed in a worse position.
12. Provision should also be made for grants to mission hospitals for capital purposes.
13. We submit the following documents, to which we respectfully direct the attention of the members of the Provincial Financial Resources Committee :
  - (a) Our memorandum of last year "The Finances of Medical Mission Services in South Africa in the present emergency."
  - (b) Article, " The Critical Position of Medical Missions", in the January 1941 issue of The South African Outlook.
  - (c) Advance proofs from the August issue of The South African Health Society's Magazine, containing the Presidential Address of Dr. D. Ferguson, Medical Officer of Health, Port Elizabeth, at the recent annual meeting of the Society, on the subject "Medical Services to non-Europeans in Urban Areas", and
  - (d) Article, "A State Medical Service for Natives", by Dr. A. F. Grattan Guinness, Medical Superintendent of the Lovedale Hospitals, in the current July issue of The South African Outlook.

N E I L M A C V I C A R, M.D., D.P.H.

Chairman of Medical Work Committee of  
the Christian Council of South Africa.

15th July, 1941.  
NMC.



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